The issue: Does the Federal Government have the constitutional authority to force Americans to buy government ordained and approved health insurance, or else? Or else face the wrath and punishment of government.

The government does not have the authority to force citizens to buy any product, whether it is health insurance, a car, or a box of doughnuts.

If the Supreme Court allows this government invasion of choice, what is next?

Is the government, under the guise of it knows best, going to force citizens to buy only government approved green cars, only government houses, only government food?

The health care individual mandate is a denial of liberty.

Yes, we need to fix health care, but does anyone really want to turn over the Nation's health care to the government? The government seldom does anything better.

If you like the compassion of the IRS, the efficiency of the post office, and the competency of FEMA, you will love the unconstitutional, nationalized health care bill.

And that's just the way it is.

## TRAYVON MARTIN

(Mr. AL GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. AL GREEN of Texas. Madam Speaker, I rise this morning to thank the many persons across the length and breadth of this country who have spoken up with reference to the injustice that has occurred in Florida with reference to the young man, Trayvon Martin.

I want to single out two people, however. The first, Joe Scarborough of MSNBC Morning Joe. When he spoke this morning, I literally had tears to well in my eyes as he took a strong position on this injustice. I beg that others would do likewise.

I would also like to thank the Reverend Al Sharpton. He has lost his mother; and I along with other people of goodwill would like to extend our condolences and our sympathies. But I am so grateful to Reverend Sharpton. He has indicated that he will be at the rally tonight in Sanford, Florida. And I thank him for what he has done and is doing.

May God continue to bless you, Reverend, and I look forward to being there with you.

Mr. CONYERS. Will the gentleman yield?

Mr. AL GREEN of Texas. I yield to the gentleman from Michigan.

Mr. CONYERS. I would like to proudly associate myself with your remarks.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. Poe of Texas). Members are advised to address their remarks to the Chair.

# PROTECTING ACCESS TO HEALTHCARE ACT

Mr. GINGREY of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H R 5

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 591 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 5.

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IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, with Mrs. Miller of Michigan (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose on Wednesday, March 21, 2012, all time for general debate had expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendments recommended by the Committees on Energy and Commerce and the Judiciary printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 112–18 is adopted and the bill, as amended, shall be considered as an original bill for the purpose of further amendment under the 5-minute rule and shall be considered as read.

The text of the bill, as amended, is as follows:

### H.R. 5

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Protecting Access to Healthcare Act".

# TITLE I—HEALTH ACT

### SEC. 101. SHORT TITLE.

This title may be cited as the "Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2012".

### SEC. 102. FINDINGS AND PURPOSE.

(a) FINDINGS.-

(1) EFFECT ON HEALTH CARE ACCESS AND COSTS.—Congress finds that our current civil justice system is adversely affecting patient access to health care services, better patient care and cost-efficient health care, in that the health care liability system is a costly and ineffective mechanism for resolving claims of health care liability and compensating injured patients, and is a deterrent to the sharing of information among health care professionals which impedes efforts to improve patient safety and quality of care.

- (2) EFFECT ON INTERSTATE COMMERCE.—Congress finds that the health care and insurance industries are industries affecting interstate commerce and the health care liability litigation systems existing throughout the United States are activities that affect interstate commerce by contributing to the high costs of health care and premiums for health care liability insurance purchased by health care system providers.
- (3) EFFECT ON FEDERAL SPENDING.—Congress finds that the health care liability litigation systems existing throughout the United States have a significant effect on the amount, distribution, and use of Federal funds because of—

(A) the large number of individuals who receive health care benefits under programs operated or financed by the Federal Government;

- (B) the large number of individuals who benefit because of the exclusion from Federal taxes of the amounts spent to provide them with health insurance benefits; and
- (C) the large number of health care providers who provide items or services for which the Federal Government makes payments.
- (b) PURPOSE.—It is the purpose of this title to implement reasonable, comprehensive, and effective health care liability reforms designed to—
- (1) improve the availability of health care services in cases in which health care liability actions have been shown to be a factor in the decreased availability of services;
- (2) reduce the incidence of "defensive medicine" and lower the cost of health care liability insurance, all of which contribute to the escalation of health care costs:
- (3) ensure that persons with meritorious health care injury claims receive fair and adequate compensation, including reasonable non-economic damages:
- (4) improve the fairness and cost-effectiveness of our current health care liability system to resolve disputes over, and provide compensation for, health care liability by reducing uncertainty in the amount of compensation provided to injured individuals: and
- (5) provide an increased sharing of information in the health care system which will reduce unintended injury and improve patient care.

# SEC. 103. ENCOURAGING SPEEDY RESOLUTION OF CLAIMS.

The time for the commencement of a health care lawsuit shall be 3 years after the date of manifestation of injury or 1 year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury, whichever occurs first. In no event shall the time for commencement of a health care lawsuit exceed 3 years after the date of manifestation of injury unless tolled for any of the following—

- (1) upon proof of fraud;
- (2) intentional concealment; or
- (3) the presence of a foreign body, which has no therapeutic or diagnostic purpose or effect, in the person of the injured person.

Actions by a minor shall be commenced within 3 years from the date of the alleged manifestation of injury except that actions by a minor under the full age of 6 years shall be commenced within 3 years of manifestation of injury or prior to the minor's 8th birthday, whichever provides a longer period. Such time limitation shall be tolled for minors for any period during which a parent or guardian and a health care provider or health care organization have committed fraud or collusion in the failure to bring an action on behalf of the injured minor.

# SEC. 104. COMPENSATING PATIENT INJURY.

- (a) UNLIMITED AMOUNT OF DAMAGES FOR ACTUAL ECONOMIC LOSSES IN HEALTH CARE LAWSUITS.—In any health care lawsuit, nothing in this title shall limit a claimant's recovery of the full amount of the available economic damages, notwithstanding the limitation in subsection (b).
- (b) ADDITIONAL NONECONOMIC DAMAGES.—In any health care lawsuit, the amount of non-economic damages, if available, may be as much